

Central Finance Office
c/o PDA Software Services
P.O. Box 29134
Shawnee Mission, KS 66201-9134



Service Authorization/Billing

Client ID No.	Client's Name	Birthdate	Issue Date
9900-00001	JOHNNY PUBLIC	12/27/2001	08/12/2002
Telephone No.	Head of Household	Authorization Service Dates	
636-555-1234	JOHN PUBLIC	08/09/2002 to 02/12/2003	

NICE PROVIDER COMPANY
A. PROVIDER
123 CLEAN ROAD
SAINT LOUIS, MO 63103

Service Coordinator
Sally Provider
Inquiries regarding service call:
(866) 711-2573
Payment will be made to:
Nice Provider Company 00-0000000

Authorization Section: Subject to conditions on the IFSP, you are authorized to provide and bill for the services described below.

Procedure	Description	Frequency
6055	Service Coordination-Service Coordination (N/A)	15 minutes 1/Month

Billing Section: Please use this section of the form to bill for the services provided. Bills must be received within 60 days of service

Authorization No.	Medicaid Provider ID	Medicaid PA	PCCM Referral	PCCM Code
A9900-00001-6				
Date of Service	Procedure Code	Total Charges	Intensity In Minutes	
Payee Tax ID No.	Patient Account No.	Total Charges		
00-0000003				

Submit bills to:

Central Finance Office
c/o PDA Software Services
P.O. Box 29134
Shawnee Mission, KS 66201-9134

Is this the final claim for this authorization? ☐ Yes ☐ No

Is this a resubmission of a claim? ☐ Yes ☐ No

I certify that the above billed services were provided in accordance with the child's Individualized Family Service Plan.

Provider's Signature

Date

Have you updated your online Service Matrix web information?
To request a password, please go to <http://missouri.eikids.com> and click "Edit Matrix/Login".